

## INTAKE SPECIALIST

### GENERAL DUTIES:

Collects basic demographic and financial data from individuals requesting service, enters data into the MIS system, and sets and documents patient fees.

### SPECIFIC DUTIES:

1. Meets with new patients at the Benden office and collects necessary demographic and financial information, entering required information into the MIS system, and indicating the initial service environment for each patient.
2. Uses patient financial information to determine the payer(s) for each new patient. Establishes eligibility for MACSIS, and/or Medicaid; collects insurance and other payer documentation; sets fees according to approved agency fee schedules; enters information into the billing system.
3. Explains and educates Benden office patients about fee policies and Patient Rights policies. Secures initial Consent for Treatment.
4. Works with the local Mental Health and Recovery Board (MHRB) to secure billing authorization for local patients who qualify, based on income, for fee subsidy from that source. Completes MACSIS authorization forms, faxes them to the appropriate MHRB on a daily basis, enters approved authorizations into the MIS, researches and resubmits problem items.
5. Reviews daily clinician schedule to determine if each scheduled patient has a verified payer. Informs reception staff of any information which needs to be collected from scheduled patients.
5. Enters Accounts Receivable and other patient financial information collected in other offices into the MIS.
6. Adds new crisis patients to the MIS, creates preliminary medical charts for new crisis patients and reopens cases that were previously closed.
7. Acts as resource for staff of other offices in dealing with questions and problems related to patient information collection and fees.
8. Runs reports and updates financial and patient information on a regular basis, including: change of address or phone number, change in PendActive status, changes in insurance coverage, and Medicaid, MACSIS, or TXX. Inputs new information into the MIS and updates actual medical record, as necessary.

9. Completes fee re-determinations on a six month rotating schedule and more frequently, when necessary for individual patients with changes in financial status.
10. Provides back-up and assists with coverage of the front desk or phones, as needed, including counting the cash box. Assists other Finance Unit staff with the tracking and securing documentation of Medicaid and/or insurance coverage.
11. Assists in entering staff time sheets, when required.
12. Assures adequate supplies of intake forms, distributing to other offices as necessary.
13. Completes other Finance Unit tasks or projects, as directed by the Revenue Cycle Manager.
14. Attends and participates in unit meetings, as required, and in other agency committees, quality improvement teams or task forces, as assigned.
15. Keeps up to date with required organizational trainings.
16. Works cooperatively with other unit staff to assure the program success in meeting annual goals and objectives.
17. Abides by corporate policies and procedures, with special attention to the Policy on Patient Rights, the Confidentiality Policy and the Counseling Center's Code of Ethics.
18. Completes other duties, as assigned, or as required for efficient and effective operation.

**SUPERVISORY RESPONSIBILITIES:** None

**WORKING CONDITIONS:**

1. Position is office-based, with work occurring during regularly scheduled business hours.
2. Position requires sitting for significant periods of time.
3. Position may require contact with irate, distraught, or difficult individuals.

**CLINICAL SUPERVISOR:** None required

**ADMINISTRATIVE SUPERVISOR:** Business Office Manager

POSITION TYPE: Nonexempt

POSITION CLASSIFICATION: Intake Specialist

WORKER CREDENTIALS/CHARACTERISTICS:

1. Ability to meet the public in a pleasant and professional manner, with sensitivity to the problems which bring people to the organization
2. A professional work attitude and demeanor
3. Ability to understand complex financial policies and procedures; and adequate skill in math to compute patient fees
4. Ability to work, cooperatively, with a variety of staff, both support and professional
5. Ability to accurately use basic office machines, such as a calculator, copier, computer etc., with adequate skill in keyboarding to accurately enter and retrieve patient data
7. A commitment to quality and accurate work.
8. A valid driver's license, evidence of personal automobile insurance and of insurability by the organization's automobile liability insurance carrier; or, in the absence of such documentation, the ability to complete essential functions of the position within whatever driving and travel restrictions are imposed by the Center

KEY PERFORMANCE INDICATORS:

1. Satisfactory, or better, scores on the annual performance evaluation
2. Timely and accurate completion of assigned tasks
3. Evidence of sincere attempts to provide good customer service